

CONSERVATORSHIP OF (Name):  <div style="text-align: right;">CONSERVATEE</div>	CASE NUMBER:  
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**ATTACHMENT REQUESTING SPECIAL ORDERS REGARDING DEMENTIA**  
**(Petition for Exclusive Authority to Give Consent for Medical Treatment (form GC-380))**  
**(Petition for Appointment of Probate Conservator (form GC-310))**

1. Petitioner **requests** that the conservator of the person be authorized
  - a. ☐ to place the conservatee in a secured perimeter residential care facility for the elderly operated under Health and Safety Code section 1569.698, or in a locked and secured nursing facility which specializes in the care and treatment of people with dementia under section 1569.691(c), and which has a care plan that meets the requirements of California Code of Regulations, title 22, section 87724.
  - b. ☐ to authorize the administration of medications appropriate for the care and treatment of dementia.
2. The conservatee or proposed conservatee has dementia as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.
3. A medical declaration executed by a licensed physician, or licensed psychologist acting within the scope of his or her licensure with at least two years experience in diagnosing dementia
  - a. ☐ has been filed.
  - b. ☐ will be filed before the hearing.
4. ☐ *Restricted placement.* The conservatee needs or would benefit from placement as requested in item 1a. The conservatee lacks capacity to give informed consent to this placement. The placement requested is the least restrictive placement appropriate to the needs of the conservatee.
5. ☐ *Dementia medications.* The conservatee needs or would benefit from medications appropriate to the care and treatment of dementia. The conservatee lacks capacity to give informed consent to the administration of those medications.